# **Application Data Sheet**

## **Application Information**

Application number::	
Filing Date::	
Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	$\int_{\mathbb{R}^{N}} \left  \frac{\partial f}{\partial x} \right ^{2} dx = \int_{\mathbb{R}^{N}} \left  \frac{\partial f}{\partial x} \right ^{2} dx = \int_{\mathbb{R}^{N}} \left  \frac{\partial f}{\partial x} \right ^{2} dx$
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of copies of CDs::	
Sequence submission?::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	DATA COMPACTION AND PIN ASSIGNMENT
Attorney Docket Number::	003921.00135
Request for Early Publication?::	NO
Request for Non-Publication?::	NO
Suggested Drawing Figure::	
Total Drawing Sheets::	14
Small Entity?::	NO
Latin name::	
Variety denomination name::	
Petition included?::	NO
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl ?"	NO

## **Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	
Status::	Full Capacity
Given Name::	Gilles
Middle Name::	
Family Name::	LAURENT
Name Suffix::	
City of Residence::	
State or Province of Residence::	
Country of Residence::	••
Street of mailing address::	· ·
City of mailing address::	``
State or Province of mailing address::	
Country of mailing address::	
Postal or Zip Code of mailing address::	
Applicant Authority Type::	Inventor
Primary Citizenship Country::	
Status::	Full Capacity
Given Name::	Philippe
Middle Name::	
Family Name::	DIEHL
Name Suffix::	
City of Residence::	
State or Province of Residence::	•
Country of Residence::	
Street of mailing address::	
City of mailing address::	

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

**Applicant Authority Type::** 

Inventor

Primary Citizenship Country::

Status::

**Full Capacity** 

Given Name::

Frederic

Middle Name::

Family Name::

REBLEWSKI

Name Suffix::

City of Residence::

State or Province of Residence::

Country of Residence::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

#### **Correspondence Information**

Correspondence Customer Number::

22907

### **Representative Information**

Representative Customer Number::

22907

#### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

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Foreign Priority I	nformation		,
	·		
Country::	Application number::	Filing Date::	Priority Claimed::
•			
•			
Assignee Inform	ation		
X .			
Assignee name::			

City of mailing address::

Country of mailing address::

State or Province of mailing address::

Postal or Zip Code of mailing address::